

UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

Circuit Mediation Office

Phone (415) 355-7900 Fax (415) 355-8566

<http://www.ca9.uscourts.gov/mediation>

**MEDIATION QUESTIONNAIRE**

The purpose of this questionnaire is to help the court's mediators provide the best possible mediation service in this case; it serves no other function. Responses to this questionnaire are ***not*** confidential. Appellants/Petitioners must electronically file this document within 7 days of the docketing of the case. 9th Cir. R. 3-4 and 15-2. Appellees/Respondents may file the questionnaire, but are not required to do so.

|  |                      |    |                      |
|--|----------------------|----|----------------------|
| 9th Circuit Case Number(s):  | <input type="text"/> |    |                      |
| District Court/Agency Case Number(s):                                | <input type="text"/> |    |                      |
| District Court/Agency Location:                                      | <input type="text"/> |    |                      |
| Case Name:   | <input type="text"/> | v. | <input type="text"/> |
| If District Court, docket entry number(s) of order(s) appealed from: | <input type="text"/> |    |                      |
| Name of party/parties submitting this form:                          | <input type="text"/> |    |                      |

|   |
|---|
| Please briefly describe the dispute that gave rise to this lawsuit. |
| <input type="text"/>  |

|  |
|--|
| Briefly describe the result below and the main issues on appeal. |
| <input type="text"/>   |

*(Please continue to next page)*

Describe any proceedings remaining below or any related proceedings in other tribunals.

Provide any other thoughts you would like to bring to the attention of the mediator.

Any party may provide additional information *in confidence* directly to the Circuit Mediation Office at [ca09\\_mediation@ca9.uscourts.gov](mailto:ca09_mediation@ca9.uscourts.gov). Please provide the case name and Ninth Circuit case number in your message. Additional information might include interest in including this case in the mediation program, the case's settlement history, issues beyond the litigation that the parties might address in a settlement context, or future events that might affect the parties' willingness or ability to mediate the case.

## CERTIFICATION OF COUNSEL

I certify that:

- ☐ a current service list with telephone and fax numbers and email addresses is attached (see 9th Circuit Rule 3-2).
- ☐ I understand that failure to provide the Court with a completed form and service list may result in sanctions, including dismissal of the appeal.

Signature

("s/" plus attorney name may be used in lieu of a manual signature on electronically-filed documents.)

Counsel for

**Note:** Use of the Appellate ECF system is mandatory for all attorneys filing in this Court, unless they are granted an exemption from using the system. **File this document electronically** in Appellate ECF by choosing Forms/Notices/Disclosure > File a Mediation Questionnaire.